

FIELD TRIP ACTIVITIES SHEET

US EPA – Region 3

☒ ESC
 ☐ PHL
 ☐ WHO
 ☐ CBP

PURPOSE

To ensure adequate review of proposed occupational safety and health precautions, procedures and techniques for use involving hazardous agents, equipment or operations in field activities. This review applies to all “field activities” meaning EPA program activities that are conducted by EPA employees outside of EPA administered facilities. Assistance on form completion is available through the SHEM office.

Site/Destination: Super Salvage, 1711 1st Street SW Washington, DC
Description: metal scrap yard
Purpose: Site Visit <input checked="" type="checkbox"/> Site Inspection <input checked="" type="checkbox"/> Monitoring/Sampling <input type="checkbox"/> Remediation <input type="checkbox"/> Conf/Mtg <input type="checkbox"/> Dive
Start Date: 5/28/13 Return Date/Time: 5/28/13 @ 5:00 pm Phone Number: 443-223-0507
PPE Levels: <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> None <input type="checkbox"/> SCUBA <input checked="" type="checkbox"/> Waders <input type="checkbox"/> Other (Specify)
Employee List/Cell
Gerard Crutchley – 443 223 0507
Justin Young – (443) 223 0508
Closest Medical Facility MedStar Washington Hospital Center phone: 202-877-7000

Physical Hazards (check all that apply) <input type="checkbox"/> None				
Vehicle: <input type="checkbox"/> Plane <input type="checkbox"/> Train <input checked="" type="checkbox"/> Car <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Boat <input type="checkbox"/> ATV Other (Specify)				
<input type="checkbox"/> Noise > 85 dBA	<input type="checkbox"/> Oxygen deficiency	<input type="checkbox"/> Sharps	<input type="checkbox"/> Heavy vegetation	Terrain
Extreme temperature (Specify)				
Extreme weather conditions (Specify) ambient temperatures in the low 20s				
Slip-Trip-Fall (Specify) scrap yard numerous materials on the ground (e.g. scrap metals, drums)				
<input type="checkbox"/> Electrical hazards	Lifting heavy objects <input checked="" type="checkbox"/>	Strenuous tasks	<input type="checkbox"/> Compressed gasses	
<input type="checkbox"/> Power tools	<input type="checkbox"/> Hand tools	<input type="checkbox"/> Remote area	<input type="checkbox"/> Confined space	<input type="checkbox"/> Security
<input type="checkbox"/> Trenching/excavation	<input checked="" type="checkbox"/> Material/earth moving equipment		<input type="checkbox"/> Water (specify)	<input type="checkbox"/> Electrofishing
<input type="checkbox"/> Vacuum chambers or systems	<input type="checkbox"/> Other spark producing activity (grinding)		Flammable liquids	
<input checked="" type="checkbox"/> Welding, brazing, soldering	<input type="checkbox"/> Open flames	<input type="checkbox"/> Other (Specify)		

Biological Hazards (check all that apply)				
<input type="checkbox"/> Bacteria, mold, viruses, etc		Medical sharps	<input type="checkbox"/> Animal	<input type="checkbox"/> Vectors <input type="checkbox"/> Vegetation
<input type="checkbox"/> Poison plants	<input type="checkbox"/> Insects	<input type="checkbox"/> Organic dust	<input type="checkbox"/> Allergies	Blood components, tissue/body fluids
Contaminated water (microorganisms)		<input type="checkbox"/> Other (specify):		

Chemical Hazards (check all that apply) <input type="checkbox"/> None			
<input type="checkbox"/> Carcinogens	<input type="checkbox"/> Highly acute toxins	<input type="checkbox"/> Reproductive toxins	<input checked="" type="checkbox"/> Corrosives
<input checked="" type="checkbox"/> Flammable liquids	<input type="checkbox"/> Flammable solids	<input type="checkbox"/> Flammable gasses	<input checked="" type="checkbox"/> Oils
<input type="checkbox"/> Explosives	<input checked="" type="checkbox"/> Acids/Bases	<input type="checkbox"/> Pyrophoric materials	<input type="checkbox"/> PCBs
<input type="checkbox"/> Asbestos	<input type="checkbox"/> Pesticides/herbicides	<input type="checkbox"/> Controlled substances	<input type="checkbox"/> Dioxins/Furans
Solvents/volatiles	Semi-Volatile Organics	<input type="checkbox"/> Highly reactive materials	<input type="checkbox"/> Strong oxidizers

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<input type="checkbox"/> OSHA regulated chemicals, any use	<input type="checkbox"/> Methylene chloride, any use
<input type="checkbox"/> Toxic metals (e.g. As, Ba, Be, Cd, Cr, Se, Ag)	<input type="checkbox"/> Lead, any use Mercury/Hg compounds, any use
<input type="checkbox"/> Nanomaterials	<input type="checkbox"/> On-site or off-site transportation of chemicals
<input type="checkbox"/> Other (specify):	

Ionizing and Non-ionizing Radiation Hazards (check all that apply) NONE		
Radioactive sources	<input type="checkbox"/> Dispersible radioactive materials	<input type="checkbox"/> Lasers
<input type="checkbox"/> Non-fissionable radioactive materials	<input type="checkbox"/> Fissionable radionuclides	
Ionizing radiation-generating devices (x-rays)	<input type="checkbox"/> Any atmospheric discharge of radiological material	
<input type="checkbox"/> On-site /off-site transportation of radiological materials	<input type="checkbox"/> Radio frequency (RF)/Microwave energy	
<input checked="" type="checkbox"/> Magnetic/electric fields	<input type="checkbox"/> Infrared/ Ultraviolet sources	<input type="checkbox"/> Extreme, low frequency (ELF)
<input type="checkbox"/> Other (specify):		

Significant Environmental Aspects (check all that apply)
Any hazardous/radiological waste generation
<input type="checkbox"/> Any liquid discharges that require engineering controls
<input checked="" type="checkbox"/> Storage or use of any chemicals or radioactive materials that require engineering controls
<input type="checkbox"/> Other environmental aspects related to your work (specify):

Other Issues (Security, Notifications, etc.) None
<input type="checkbox"/> Specify:
Inspector will wear standard PPE – steel toe boots, safety glasses , gloves, hard hats, respirators (if needed)

Risks & Hazard Controls		None
Hazard/Task	Controls (include training and PPE Requirements)	Approved (completed by supv)

Preparer's Signature: _____ Mail Code: 3EC10 Date:

Supervisor's Approval: _____ Mail Code: 3EC10 Date:

Safety Designee: _____ Mail Code: 3EC10 Date: